


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90051 024 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # J68993</b>                                      |  |
| 1. Entity Name<br>W. CHRISTIAN BUSK LANDSCAPE ARCHITECT, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>816 MYRTLE TERR<br>816 MYRTLE TERRACE<br>NAPLES, FL 34103 US | Mailing Address<br>816 MYRTLE TERR<br>816 MYRTLE TERRACE<br>NAPLES, FL 34103 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P CR2E034 (11/05)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>65-0031249      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BUSK, W. CHRISTIAN  
 816 MYRTLE TERRACE  
 NAPLES, FL 34103

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>BUSK, W. CHRISTIAN<br>816 MYHRTLE TER<br>NAPLES, FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/24/06 Daytime Phone #: 239-263-7133